

# YES, I'd like to register for the Girls Leadership Summit

Please complete a separate registration form for each participant (print legibly)

Participant's Name: \_\_\_\_\_ Age \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Participant's T-shirt size (adult size): **S M L XL (circle one)**

Allergies: \_\_\_\_\_

I give my child, \_\_\_\_\_, permission to attend the Girls Leadership Summit on November 3, 2017.

\_\_\_\_\_ **Yes**, The Fund for Women & Girls and Fairfield County's Community Foundation have permission to use images of my child from the event for promotional purposes.

\_\_\_\_\_ **No**, I do not want images of my child from the event used for promotional purposes.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Payment

### To pay by check:

Make check payable to "FCCF-FWG" and mail to:  
Fairfield County's Community Foundation  
Attn: FWG Girls Summit  
40 Richards Avenue  
Norwalk, CT 06854

### To pay by credit card:

Complete the fields below and mail to:  
Fairfield County's Community Foundation  
Attn: FWG Girls Summit  
40 Richards Avenue  
Norwalk, CT 06854

Card Type:  MasterCard  Visa  American Express

Total to charge: \$ \_\_\_\_\_

Cardholder's name as it appears on card: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date (MM/YY) \_\_\_\_\_

Signature: \_\_\_\_\_

### Please note:

- \*Girls should wear comfortable clothes and sneakers.
- \*This event can accommodate a limited number of chaperones.
- \*Partial scholarships are available.
- \*Participants must be able to attend the program in its entirety.

